#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSU	RANCE COMPANY USE	
A1. Building Owne WARD	er's Name #2017-:	312 B				Policy Num	ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. HOFFMAN STREET (VACANT LAND)					. Route and	Company N	IAIC Number:
City State ZIP Code WAVELAND Mississippi 39576							
A3. Property Desc LOTS 30 & 31, BL		nd Block Numbers, Tax A W. ULMAN S/D	Parce	l Number, Legal De	escription, etc.)		
A4. Building Use (	e.g., Residen	tial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longi	tude: Lat. 30	)-17-32.9	Long	89-21-43.6	Horizontal Datum:	☐ NAD ·	1927 × NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	cate is being used to	o obtain flood insura	nce.	
A7. Building Diagra	am Number	5					
A8. For a building	with a crawls <sub>l</sub>	pace or enclosure(s):					
a) Square řoo	tage of crawls	space or enclosure(s)		0 sq ft			
b) Number of	permanent flo	ood openings in the cra	wlspac	e or enclosure(s) w	rithin 1.0 foot above	adjacent gr	ade 0
c) Total net ar	ea of flood op	enings in A8.b0		sq in			Visit
d) Engineered	flood openin	gs? ☐ Yes ☒ No	)				
A9. For a building v	with an attach	ed garage:					
a) Square foot	tage of attach	ed garage0		sq ft			
b) Number of	permanent flo	od openings in the atta	ached (	garage within 1.0 fo	ot above adjacent gr	ade	0
c) Total net an	ea of flood op	enings in A9.b	0	sq in			
-		gs? ☐ Yes [X] No					
u, Engineered	nood oponing	ao. [1 102 [V] w	<b>O</b>				
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMAT	ION	
B1. NFIP Communi WAVELAND 2852	•	ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
	[	T	I	<u> </u>	Γ		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base
28045C 0361	D	10/16/2009		evised Date 5/2009	AE& X	19 & N/	od Depth) 'A
B10. Indicate the s	B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile	☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No						
Designation E	Date:		BRS	☐ OPA			

IMPORTANT: In these spaces, copy the corresponding	tion A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  HOFFMAN STREET (VACANT LAND)  Policy Number:					
City State WAVELAND Miss	e ZIP ( issippi 3957	Code 76	Company NAIC Number		
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on:   Construction Drawings*   Building Under Construction*   Finished Construction					
*A new Elevation Certificate will be required when construction of the building is complete.					
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: GPS DERIVED Vertical Datum: NAVD 1988					
Indicate elevation datum used for the elevations in ite  ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/S		v.			
Datum used for building elevations must be the same		FE.	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspa	ace, or enclosure floor)	20.0	X feet meters		
b) Top of the next higher floor		N/A			
c) Bottom of the lowest horizontal structural member	(V Zones only)	N/A			
d) Attached garage (top of slab)		N/A	X feet  meters		
<ul> <li>e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Common commo</li></ul>	cing the building ments)	N/A	X feet		
f) Lowest adjacent (finished) grade next to building	(LAG)	<u>15</u> . 3	X feet  meters		
g) Highest adjacent (finished) grade next to building	(HAG)	<u>16</u> . <u>1</u>	X feet meters		
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck structural support</li> </ul>	or stairs, including	N/A	X feet meters		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
This certification is to be signed and sealed by a land surv I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und	my best efforts to inten	oret the data availa	law to certify elevation information. ble. I understand that any false		
Were latitude and longitude in Section A provided by a lice	ensed land surveyor?	⊠Yes □No	Check here if attachments.		
Certifier's Name JASON P. CHINICHE	License Number P.E. 19732		MINIMAN P. CHI		
Title PROJECT MANAGER			SON P. CAMPAGE SON P. CAMPAGE SON P. CAMPAGE SON PROFILE SON PROFI		
Company Name JAMES J. CHINICHE, PA, INC.			Place Place		
Address 412 HWY. 90, SUITE 2			7993g		
City BAY ST. LOUIS	State Mississippi	ZIP Code 39520	OK MISSISSING		
Signature Then Chile	Date 09/01/2017	Telephone (228) 464-6755			
Copy all pages of this Elevation Certificate and all attachmen	ts for (1) community off	icial, (2) insurance a	gent/company, and (3) building owner.		
Comments (including type of equipment and location, per NOTE: The description in A3. above is for information only map in section B4. Recommend verification of (BFE) by lo Owner is responsible for coordinating this certificate with 0 is top rim bolt between city & state on firehydrant, elevation plans have been provided by client.	<ul> <li>&amp; not to certify the building official. The contractor and/or Building</li> </ul>	e flood zone is dete ing Official as need	ermined by graphic plotting only. led. Waveland freeboard = 1 ft. TBM		

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSUR	ANCE COMPANY USE	
A1. Building Owne	r's Name					Policy Number	per;
WARD		#2018-4		,			
Box No.	<ul><li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li><li>305 HOFFMAN STREET</li></ul>					Company N	AIC Number:
City				State		ZIP Code	
WAVELAND Mississippi 39576							
A3. Property Described LOTS 30 & 31, BLC	•	d Block Numbers, Tax .W. ULMAN S/D	Parcel	Number, Legal Des	scription, etc.)		
A4. Building Use (	e.g., Residenti	al, Non-Residential, A	ddition,	Accessory, etc.)	Residential		
A5. Latitude/Longit	ude: Lat. 30-	-17-32.9 L	.ong. <u>-89</u>	9-21-43.6	Horizontal Datun	n: 🔲 NAD 1	927 🗵 NAD 1983
		s of the building if the					
A7. Building Diagra	am Number _	5					
A8. For a building	with a crawlsp	ace or enclosure(s):					
a) Square foo	tage of crawls	pace or enclosure(s)		0 sq ft			
b) Number of	permanent flo	od openings in the cra	wispace	e or enclosure(s) wi	thin 1.0 foot above	adjacent gr	ade0
c) Total net ar	ea of flood op	enings in A8.b0	sc	q in			
d) Engineered	flood opening	gs? ☐ Yes ☒ No	)				
A9. For a building	with an attach	ed garage:					
a) Square foo	tage of attach	ed garage0	s	sq ft			
b) Number of	permanent flo	od openings in the atta	ached g	arage within 1.0 foo	ot above adjacent	grade	0
		enings in A9.b		sq in			
·		gs? ☐ Yes ☒ No					
	e=	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	ATION	
B1. NFIP Commun				B2. County Name			B3. State
WAVELAND 2852		Juntanity Halling		HANCOCK			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Ef	RM Panel fective/	B8. Flood Zone(s	′ (Zo	L se Flood Elevation(s) ne AO, use Base od Depth)
28045C 0361	D	10/16/2009	10/16/	evised Date /2009	AE	19	ou popul
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item 89:							
_	☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elev	ation datum u	sed for BFE in Item B9	): 🔲 N	GVD 1929 ⊠ NA	VD 1988 □ O	ther/Source:	
B12. Is the buildin	g located in a	Coastal Barrier Resou	irces Sy	/stem (CBRS) area	or Otherwise Prot	ected Area (	OPA)? ☐ Yes ☒ No
Designation	Date:		CBRS	☐ OPA			
I							

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE CON						USE
Buildi	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					
	State	ZIP Co	nde	Company N	AIC Number	
City	Mississippi	39576	,40			
WAV	ELAND Mississippi	PARTICLE CONTRACTOR	M /CUDVEV D	FOURED)		
	SECTION C – BUILDING ELEVATION				Finished Construct	tion
C1.	Building elevations are based on: Construction Drawi			action .	-Illistica Coriotado	
	*A new Elevation Certificate will be required when constructi	on of the building	IS COMPIELE.	/ΛΕ ΔR/Δ1-Α	30 AR/AH, AR/A	o.
C2.	Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–Complete Items C2.a–h below according to the building diagnershmark Utilized: GPS DERIVED	gram specified in Vertical Datum: <u>N</u>		to Rico only, e	enter meters.	
	Indicate elevation datum used for the elevations in items a)	through h) below.				
	□ NGVD 1929 ⊠ NAVD 1988 □ Other/Source:					
	Datum used for building elevations must be the same as that	t used for the BF	E.	Check th	ne measurement u	sed.
	a) Top of bottom floor (including basement, crawlspace, or	enclosure floor)	21. 45	100000001 1000000000	feet  meters	
		5,10,000 to 11,000,000	N/A	×	feet  meters	
	b) Top of the next higher floor	nos only)	N/A	×	feet meters	
	c) Bottom of the lowest horizontal structural member (V Zo	nes only)	N/A		feet meters	
	d) Attached garage (top of slab)	- o building	N/A	-	feet meters	
	<ul> <li>e) Lowest elevation of machinery or equipment servicing the (Describe type of equipment and location in Comments)</li> </ul>		16. 3	_	feet meters	
	f) Lowest adjacent (finished) grade next to building (LAG)			20123		
	g) Highest adjacent (finished) grade next to building (HAG)		17. 4			
	<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or sta structural support</li> </ul>		<u>16</u> . <u>3</u>		feet  meters	,
	SECTION D - SURVEYOR, ENGI	NEER, OR ARCI	HITECT CERTI	FICATION		
1 ce	s certification is to be signed and sealed by a land surveyor, prify that the information on this Certificate represents my be toment may be punishable by fine or imprisonment under 18	engineer, or archi st efforts to interp U.S. Code, Secti	itect authorized l pret the data avai on 1001.	by law to certi lable. I unders		
We	re latitude and longitude in Section A provided by a licensed	land surveyor?	⊠Yes □ No	⊠ Che	ck here if attachme	ents.
	ruller's Name	nse Number				
JA	SON P. CHINICHE P.E.	19732			WILLIAM SON	
Titl PR	e OJECT MANAGER				JASON DE CENSED AS CONTROL DE	10000
Co	mpany Name			100	Seal	Z
JA	MES J. CHINICHE, PA, INC.			- AT	Here 😘 ö	S
	dress 2 HWY. 90, SUITE 4			1000	19700	ALIENT TO SERVICE STATE OF THE
Cit BA	y Stat Y ST. LOUIS Miss	e sissippi	ZIP Code 39520	a a a a a a a a a a a a a a a a a a a	SISSIPP III	111.
		17/2018	Telephone (228) 464-6755			
6	py all pages of this Elevation Certificate and all attachments for	r (1) community of	ficial, (2) insuran	ce agent/comp	any, and (3) buildir	ng owner.
Co NO ma	mments (including type of equipment and location, per C2(externments) (including type of equipment and location, per C2(externments) (including type of equipment and location, per C2(externments) (including the section B4. Recommend verification of (BFE) by local by the section of the secti	), if applicable) ot to certify the bu uilding official. Th actor and/or Build	uilding location. The flood zone is disting Official as no	he Base Floo	od Elevation (BFE)	is per nly.
					Form F	Page 2 of

PORTANT: In these spaces, copy the correspon	ding information fr	om Section A	FOR INSURAN	CE COMPANY USE
at a 10 and 1 to 10 and 1 to 10 and 1	aing information in	O Route and Box		
uilding Street Address (including Apt., Unit, Suite, ar	idior bidg. 140.) of F	· # - 1 · # # # # # # # # # # # # # # # # # #		
05 HOFFMAN STREET	State	ZIP Code	Company NAIC	Number
ity	Mississippi	39576		
SECTION E - BUILDING E	LEVATION INFOR	MATION (SURV	EY NOT REQUIRED)	
FOR ZOI	NE AO AND ZOME	A (MILLIOOL PI	<u> </u>	
or Zones AO and A (without BFE), complete Items E omplete Sections A, B,and C. For Items E1–E4, use nter meters.	Hatarat graner ii			
nter meters.  1. Provide elevation information for the following ar the highest adjacent grade (HAG) and the lowes	nd check the approp It adjacent grade (LA	(G).		
a) Top of bottom floor (including basement, crawlspace, or enclosure) is		× feet		below the HAG.
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>			<del></del>	below the LAG.
2. For Building Diagrams 6–9 with permanent floor	d openings provided	in Section A Items	8 and/or 9 (see pages 1-	-2 Of Iristi detions),
the next higher floor (elevation C2.b in the diagrams) of the building is		X feet	meters above o	rbelow the HAG.
3. Attached garage (top of slab) is		X feet	meters above o	r below the HAG.
<ol> <li>Top of platform of machinery and/or equipment servicing the building is</li> </ol>			<u> </u>	r below the HAG.
<ul><li>55. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes</li></ul>	able, is the top of the	e bottom floor elev wn. The local offi	ated in accordance with the cial must certify this inform	ne community's mation in Section G.
SECTION F - PROPERTY O	WNER (OR OWNE	R'S REPRESENTA	ATIVE) CERTIFICATION	
The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here Property Owner or Owner's Authorized Representat				
				ZID Code
Address	1	City	State	ZIP Code
Address Signature		City Date	State  Telephone	ZIP Code
Signature				ZIP Code
Signature				ZIP Code
Signature				ZIP Code
Signature				ZIP Code
Signature				ZIP Code
Signature				ZIP Code
Signature				ZIP Code
Signature				ZIP Code
Signature				ZIP Code
				ZIP Code
Signature			Telephone	ZIP Code

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 305 HOFFMAN STREET	uite, and/or Bldg. No.)	or P.O. Route and Box I	No. Policy Number:		
City	State	ZIP Code	Company NAIC Number		
WAVELAND	Mississippi	39576			
SECTIO	ON G - COMMUNITY	INFORMATION (OPTIO	NAL)		
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.					
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)					
G2. A community official completed Section Zone AO.	ion E for a building loc	ated in Zone A (without a	a FEMA-issued or community-issued BFE)		
G3. The following information (Items G4-	-G10) is provided for c	ommunity floodplain mai	nagement purposes.		
G4. Permit Number	G5. Date Permit Iss	ued	G6. Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	] Substantial Improvem	ent		
G8. Elevation of as-built lowest floor (including of the building:	g basement)		feet meters Datum		
G9. BFE or (in Zone AO) depth of flooding at	the building site:		feet meters Datum		
G10. Community's design flood elevation:	•		feet meters Datum		
Local Official's Name		Title			
Community Name		Telephone			
Signature	***************************************	Date			
Comments (including type of equipment and loc	cation, per C2(e), if ap	plicable)			
			Check here if attachments.		

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 305 HOFFMAN STREET			o. Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption 10/17/2018 FRONT VIEW



Photo Two

Photo Two Caption 10/17/2018 REAR VIEW

#### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
			Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption TBM EL 17.9

Photo Two

Photo Two

Photo Two Caption

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

### **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATI	FOR INSUF	ANCE COMPANY USE			
A1. Building Owner's Name		Policy Numl	per:		
WARD 2019-106					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg Box No.	. No.) or P.O. Route and	Company N	AIC Number:		
305 HOFFMAN STREET					
City	state	ZIP Code			
	Mississippi	39576			
A3. Property Description (Lot and Block Numbers, Tax Parcel Num LOTS 30 & 31, BLOCK 6, EMMA W. ULMAN S/D	per, Legal Description, etc.)				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. 30-17-32.9 Long89-21-	43.6 Horizontal Datun	1: NAD 1	927 🗵 NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is	being used to obtain flood insura	ance.			
A7. Building Diagram Number5_					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s)	sq ft				
b) Number of permanent flood openings in the crawlspace or e	nclosure(s) within 1.0 foot above	adjacent gra	ade0		
c) Total net area of flood openings in A8.b sq in					
d) Engineered flood openings? Yes X No					
A9. For a building with an attached garage:					
a) Square footage of attached garage 0 sq ft					
b) Number of permanent flood openings in the attached garage	within 1.0 foot above adjacent of	grade	0		
c) Total net area of flood openings in A9.b 0 sq i	1	***************************************	***************************************		
d) Engineered flood openings?  Yes  No					
Lumi Lumi					
SECTION B - FLOOD INSURANCE	RATE MAP (FIRM) INFORMA	TION			
	County Name		B3. State		
WAVELAND 285262	ICOCK		Mississippi		
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM F			e Flood Elevation(s)		
Number Date Effectiv	i Date	Floo	ne AO, use Base od Depth)		
28045C 0361 D 10/16/2009 10/16/2009	AE	19			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:					
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System	(CBRS) area or Otherwise Prote	ected Area (0	DPA)? ☐ Yes ☒ No		
David and a Data			النسة <sup>77</sup> لنسة √		
Designation Date: CBRS [] (	1				

IMPORTANT: In these spaces, copy the corresponding information from Sec	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rout 305 HOFFMAN STREET	Policy Number:				
City State ZIP ( WAVELAND Mississippi 3957		Company NAIC Number			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Construction Drawings* Build *A new Elevation Certificate will be required when construction of the building C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BF Complete Items C2.a–h below according to the building diagram specified in Benchmark Utilized: GPS DERIVED Vertical Datum: I Indicate elevation datum used for the elevations in items a) through h) below NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the Bif a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (HAG)	ling Under Constru ng is complete. E), AR, AR/A, AR/ Item A7. In Puert NAVD 1988	Check the measurement used.    X   Finished Construction			
h) Lowest adjacent (infished) grade flext to building (FAG)  h) Lowest adjacent grade at lowest elevation of deck or stairs, including	16, 3	X  feet     meters			
structural support					
SECTION D – SURVEYOR, ENGINEER, OR ARC  This certification is to be signed and sealed by a land surveyor, engineer, or arch					
I certify that the information on this Certificate represents my best efforts to interp statement may be punishable by fine or imprisonment under 18 U.S. Code, Secti	oret the data availation 1001.	while. I understand that any false  Check here if attachments.			
Certifier's Name License Number JASON P. CHINICHE P.E. 19732		JASON A			
Title PROJECT MANAGER  Company Name JAMES J. CHINICHE, PA, INC.  Address 412 HWY. 90, SUITE 4  City BAY ST. LOUIS  State Mississippi	ZIP Code 39520	Place Sional State Of Mississippe			
Signature Date 4/4/19	Telephone (228) 464-6755				
Copy all pages of this Elevation Certificate and all attachments for (1) community office	icial, (2) insurance	agent/company, and (3) building owner.			
Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3. above is for information only & not to certify the bui map in section B4. Recommend verification of (BFE) by local building official. The Owner is responsible for coordinating this certificate with Contractor and/or Buildi is a top of rim bolt on existing fire hydrant EL: 17.9 FEMA 'X' Zone Cross propert	e flood zone is dete ng Official as need	ermined by graphic plotting only. ded. Waveland freeboard = 1 ft. TBM			

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:
305 HOFFMAN STREET			
City State ZIP Code			Company NAIC Number
WAVELAND	Mississippi	39576	- 102

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

#### Photo One Caption FRONT VIEW



Photo Two

Photo Two Caption REAR VIEW

#### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresp	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 305 HOFFMAN STREET			Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption TBM EL 17.9

Photo Two

Photo Two

Photo Two Caption